

Application For Certificate Of Public Convenience and Necessity

Applicant's Full Name_____

Home Address_____

Social Security #_____ **Date of Birth**_____

Business Address_____

Trade Name of Taxi Company_____

Statement of Financial Ability, including net worth and amount of insurance carried on each public vehicle covered in this application:

Give name and address of person, or persons, lending money or furnishing capital to applicant:

List separately each public vehicle you propose to operate. List make, model, seating capacity, color, and identification number:

1. _____
2. _____
3. _____
4. _____
5. _____

State design, color, and lettering on vehicles:

Describe depot for taxi service. Include location, size, present and/or proposed buildings, and access to be used.

Have you ever pled guilty to or been convicted of violating any law? If yes, please explain:

State your experience in transporting passengers for hire. List place of operation, dates, number of vehicles, etc:

State why you believe the service you propose to render through the vehicles covered in the application is necessary to the public convenience of citizens of Blacksburg and the surrounding community:

List rate to be charged and provide any projected increase:

List proposed hours of operation and operating schedule:

Describe location of pick-up points:

**Provide information on first year operating budget and start up capital costs.
Include provisions for accounting and bookkeeping:**

Describe method of marketing and advertising service:

**Describe Town assistance requested, if any, and include any conditions the Town
would be expected to meet if taxi service was approved:**

**Give projection for future expansion of taxi service within Blacksburg corporate
limits:**

**The information provided on this application is true and correct to the best of my
knowledge.**

Applicant

**STATE OF VIRGINIA,
COUNTY OF MONTGOMERY, to-wit:**

**The foregoing document was acknowledged before me this _____ day of
_____, 19_____, by _____.**

Notary Public

My Commission Expires:_____